PAGE 1

United States District Court Northern District of Mississippi

FILED ONLINE

Defendant PRISONER'S COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT 1. The Plaintiff's ful legal name, the name under which the Plaintiff was sentenced, the Plaintiff's inmate identification number, the Plaintiff's mailing address, and the Plaintiff's place of confinement are as follows: A. Legal name: B. Name under which sentenced: C. Inmate identification number: D. Plaintiff's mailing address (street or post office box number, city, state, ZIP): E. Place of confinement: Mississippi State Penitentian Acshal Turner Title (Superintendent, She riff, etc.): Defendant's mailing address (street or post office box number, city, state, ZIP) P. Box 1057 Perchanger, MS, 38738			
Defendant PRISONER'S COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT 1. The Plaintiffs full legal name, the name under which the Plaintiff was sentenced, the Plaintiff's inmate identification number, the Plaintiff's mailing address, and the Plaintiff's place of confinement are as follows: A. Legal name: B. Name under which sentenced: C. Inmate identification number: Devin Bennett Devin Bennett L4820 D. Plaintiff's mailing address (street or post office box number, city, state, ZIP): Parchnan MS. 38738 E. Place of confinement: Mississippi State Penitentias Plaintiff names the following person(s) as the Defendant(s) in this civil action: Name: Title (Superintendent, Sheriff, etc.): Defendant's mailing address (street or P. O. BOX.)	De	evin Bennett Plaintiff	
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2. Plaintiff names the following person(s) as the Defendant(s) in this civil action: Name: Title (Superintendent, Sheriff, etc.): Defendant's mailing address (street or P.O. BOX 1057			Unit 29J Parchman, MS. 38738
Name: Title (Superintendent, Sheriff, etc.): Defendant's mailing address (street or Narshal Turner Superintendent M.S.P. P.O. Box 1057		E. Place of confinement:	Mississippi State Penitentias
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		Title (Superintendent, Sheriff, etc.):	C 111 1 14 C D
			P.O BOX 1057 Parchman, MS. 38738

ND MISS FORM P3, Complaint Challenging conditions of Confinement (4/00) 2. Cont.

Name: Pelicia Hall

Title: Commissioner, MDOC

Address: 301 N. Lamar Street Jackson, MS. 39201

Name: Timothy Morris, Worden M.S.P. Unit 29

Title: Warden unit 29, M.S.P.

Address: P.O. Box 1057

Parchman, Ms. 38738

Name: Lee Simon

Title: Deputy Warden Unit 29, M.S.P. Address: P.O. Box 1057

Parchmen, MS. 38738

- 3. Yes, I have commenced other lawsuits in Federal Court relating to conditions of confinement.
- 4. Description of former law suits:
 - A) Parties to the lawsuit

Plaintiff(s): Devin Bennett

Defendant(s): Pelicia Hall Earnest Lee, Norris Morris, Timothy Morris, ELisperkmon, ELisperkmon, Marshall Tumer, Marshall Tumer, B) Court: Northern District Greenville C) Docket 4:12cv108-MPM DAS

- D) Judge: David A, Sonders/Michael P. Mills E) Date filed: 11/2/12;

F) Date decided: 9/21/15; 1/6/20;

refiled 11/14/16;

6) Result: Settlement

Agreement entered on 9/21/15: Judgment in favor of Defendents on 1/6/20: Plaintiff is appealing the 1/6/20 ruling to the Fifth Circuit.

- 5. Yes, there is a prisoner grievance procedure in the place of my Confinement.
- 6. Yes, I presented to the grievence system the same facts elleged in my complaint.
- 7. I answered yes to question 6.

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7. Cont.

- A) Yes, the grievance system places a limit on the time within which a grievance must be presented.
- B) Yes, I filed my grievance within the time limit.

C) The following is the history and evidence I have exhausted the grievance system:

Around late September 2019 I, Devin Bennett, filed a Complaint, through the Administrative Remedy Program at the Mississippi State Penitentiary, concerning the repeated and graving denial of yard call and Showers to innetes housed in Unit 29I due to Severe understaffing, on November 6, 2019 I recieved my First Step Response from Deputy Worden of Unit 29, Lee Simon, As the response was untrue. I proceeded to the Second Step an November 7, 2019. On December 22, 2019 I recieved my Second Step response from Superintendent Marshall Turner. As his response was just a reiteration of the First Step Response, and because the denial of yord call and Showers was getting worse, I chose to file my complaint in the Federal Court

On January 18, 2020, I Devin Bernett, filed two more grievances through the Administrative Remedy Program at the Mississippi State Penitentiary. One of these grievances concerns the Water and plumbing in Unit 29I and Unit 29, and the other concerns the heating System in Unit 29I. I have previously filed grievances on these issues before. The Administrative Remedy Program does not allow you to file on the Same issues more than once. However, since these issues are reoccurring. I have no other way to address them. If these complaints are rejected I will still pursue these issues in Federal Court. I will provide all documents pertaining to these complaints when made available.

D) on October 24, 2019 Deputy Warden Lee Simon 3.

NO MISS. Form P3, Complaint Challenging Conditions of Confinement (4/00) pg. 3 cont

D) cont.

responded to my complaint about the denial of yord coll and Showers. (See ARP-MSP-19-1153 First Step Response Form)
Her response is incorrect and not true. On November 25, 2019 Supt. Marshal Turner responded to my Second Step Response (See ARP-MSP-19-1153 Second Step Response Form)
His response was identical to the response given by Deputy Warden Lee Simon in the First Step Response Form.

(page 4 begins with Question 8.)

8. N/A

9. The following are the facts of my case, Since at least July 2019 myself and every other inmate housed in unit 29J have been repeatedly, and increasingly, denied yord call and Showers. We are Suppose to recieve yard call I hour per day Monday through Friday. In July 2019 We were denied 10 out of the 19 available yard calls. In August 2019 we were denied 13 out of the available 22 yard calls. In September 2019 We were denied 14 out of the 21 eveilable yard calls. In October 2019 we were denied 15 out of the 23 available yard calls. In November 2019 We were denied 14 out of the available 21 yord Calls. In December 2019 We were derived 19 out of the 21 available yard calls. As of January 23, 2020 We have not had yord call since December 2, 2019, that's 53 days without yard call. I have not included the denial of yord call due to weather, tog or Administrative meetings. The denial would be even greater.
The denial of Showers is not as severe as the

The denial of Showers is not as severe as the denial of yard call, but it is a problem that is getting worse. On average we are denied "at least" I shower each week, and its usually on Saturday. In the

pg. 3 end, pg. 4 begin,

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9. Cont.

months of November and December 2019 we we denied 16 Showers. Several of these days were consecutive 1/28/19 through 12/1/19: 12/22/19 through 12/26/19. These denials, like the denials of yard call, is due to understaffing. I have not had a shower since December 28, 2019. that is 26 days. Even on lockdown we are supposed to recieve 3 showers each week. Between January 2019 and present, when we were recieving showers at least half of the time they were being done with only two (2) officers in the building.

To add to these problems we have been Without hot water and heat since January 1, 2020. It has been 201 days since we had heat in the building. With the exception of 4-5 hours on 1/8, 1/9 and 1/20 1/21, we have been without hot water for the last 201 days. In addition to this we lost all running Water between January 11, 2020 and January 18, 2020. As a result we were forced to live with feces in our toilets, unable to wash or clean up, all while freezing because we do not have any heat. These problems concerning the water, plumbing and heating have been a continual problem since we come to this building in December 2010. The State has been aware of these problems since before We come to unit 29, and while we have been here. This building, like the rest of unit 29, needs to be closed down. Like the problems Stemming from understaffing, the problems with the Plumbing and heating are only getting worse.

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10. Below is what we want the Court to do.

We Want the Court to make the Mississippi Department of Corrections provide adequate Staffing over Unit 295, (or Wherever Death Row is housed,) to provide us with I hour per day yard call Monday through Friday; to provide I Shower per day, Monday through Saturday, and; to be housed in a building where the plumbing, hot water and heating system is not dilopidated causing continual Problems.

As the issues and relief sought effect all of Death row, and not just the Plaintiff, I request this be made a class action, and counsel

for the class be provided by the Court.

January 23, 2020

nuities, or life insur- its? Itances? I Yes I No Of the above is "Yes," describe each source of money and u received from each during the past 12 months: Mass together to provide me a callowance. In, or do you have any money in a checking t, including any funds in prison accounts? I state the total value of the items owned: I state, stocks, bonds, notes, automobiles, or early (excluding ordinary household furnishing the property and state its I yes I No I Yes I Yes	N O M	ISS, FOR	M P3, COMPLAINT CHALLENGING CONDITIONS OF CO	NFINEMENT (4/00)			PAGE 8
itances? If yes If y		b _±	Rent payments, interest, or dividends?	Yes		M No	
of the above is "Yes," describe each source of money and u received from each during the past 12 months: Mass together to provide me a allowance h, or do you have any money in a checking t, including any funds in prison accounts? "state the total value of the items owned: tate, stocks, bonds, notes, automobiles, or early (excluding ordinary household furnishers) ss," describe the property and state its rely on you for support. Amount you contribute to this person's support \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		c.	Pensions, annuities, or life insurance payments?	Yes		No	
of the above is "Yes," describe each source of money and u received from each during the past 12 months: Mask together to provide me a callowance. The provide me a callowance me a callowance me a callowance. The provide me a callowance callowance me a callowance. The provide me a callowance callowance me a callowance callowance. The provide me a callowance callowance callowance callowance. The provide me a callowance callowance callowance callowance callowance. The provide me a callowance callowance callowance callowance. The provide me a callowance callowance callowance callowance callowance. The provide me a callowance callowance callowance callowance callowance. The provide me a callowance callowance callowance callowance callowance. The provide me a callowance callowance callowance callowance callowance callowance. The provide me a callowance cal		d.	Gifts or inheritances?	Yes		No	
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rely on you for support. Relationship & Age Relationship & S \$ \$	5.	other					
Relationship & Age Relationship & Age Amount you contribute to this person's support \$ \$ \$			ur answer "Yes," describe the propoximate value:	erty and state its	\$		
Relationship & Age contribute to this person's support \$ \$ \$	<u>.</u>	List th	he persons who rely on you for support	:.			
\$ \$		Name	e	Relationship &	Age	contribute to	this
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erstate underpenalty of perjury that the foregoing is true and correct. (28 USC						\$	
2020 Dell & Dell	174	are or o	certify or venfy or state underpenalty of p JSC § 1621).			\$ \$	_
					Movan	t's Signature	

ARP-2

MISSISSIPPI DEPARTMENT OF CORRECTIONS Administrative Remedy Program

NUMBER MSP - 19 - 1153

FIRST STEP RESPONSE FORM

FIRST STEP RESPU	NISE FORIM
Type or use ball point pen. You must return your response to within 30 days of the date the request was initiated	the Administrative Remedy Program Director
D. O 11 /1/820	29
To: Sender Doc#	Housing Unit
1 9:	Doguela Darden Area
From: Person to whom 1st Step is Directed	Title/Location
If you are not satisfied with this response, you may go to Step Two by checkin Program Director within 5 days of your receipt of this decision.	g below and forwarding to the ARP Administrative Remedy
Shower Call Hard Sho	RP regarding yard
to be offers to wach o	Hencler. Activities
will be monitored by	or compliance.
I trope this matisfies y	zer Complaint,
X	
Jue Atm	
Signature	Date
I am not satisfied with this response and wish to proceed to REASON:	Step Two.
How can you offer me my you	d and shower when you
don't even have the necessary	staff, over the last
() I wish to cancel this complaint. You do not have to return the	nis and time limits will cancel complaint
L4820	Assert 7
Inmate's Signature DOC#	Date

Inmate's - Copy

Case: 4:20-cv-00026-SA-JMV Doc #: 1 Filed: 02/20/20 9 of 11 PageID #: 9

INMATE RECEIPT

MISSISSIPPI DEPARTMENT OF CORRECTIONS Administrative Remedy Program

ARP# MSP - 19 - 1153
Date: 11-6-2019
Received By A L4820 MDOC#
Witness: Palle Randle CO-TI
TITLE
Form ARP-1 Offender's relief form
Form ARP-2 1st step response
Form ARP-3 2nd step response
5-Day extension
Step 2 denial
Rejected
Letter#
Other
1st page of this receipt is to be returned to the Administrative Remedy Program Director to become part of inmate's ARP file
YELLOW COPY - INMATE

MISSISSIPPI DEPARTMENT OF CORRECTIONS Administrative Remedy Program

MSP-19-1153

SECOND STEP RESPONSE FORM

You must respond to the inmate within 45 days of receipt of the appeal of the First Step Response.

Inmate's Name & #: Devin Bennett #L4820

Unit: 29J

FROM:

Marshal Turner

Title:

Superintendent

An investigation has been conducted into your complaint, which was received in this office, in reference to not receiving yard call and showers.

As advised by Deputy Warden Lee Simon, in your first step response, it has been noted that yard and shower call is offered to each offender according to policy. Compliance with this policy will be continually monitored. Any further complaints regarding this issue should be addressed with your case manager. I hope this satisfies your complaint.

Signature

Date

The above named inmate has fulfilled the requirements of the Admin

Case: 4:20-cv-00026-SA-JMV Doc #: 1 Filed: 02/20/20 11 of 11 PageID #: 11

INMATE RECEIPT

YELLOW COPY - INMATE

MISSISSIPPI DEPARTMENT OF CORRECTIONS Administrative Remedy Program

ARP#	H		1153	
Date: 12-22-9				
Received By:	1	H	148 MDOC#	20
Witness: Man for			COTT	
Form ARP-1 Offender's r	elief form			
Form ARP-2 1st step res	ponse			
Form ARP-3 2nd step res	ponse			
5-Day extension				
Step 2 denial				
Rejected				
Letter#				
Other				
1st page of this receipt is to be returned Program Director to become part of inn			ve Remedy	